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## APPLICANTS

Jim Feeley, Bixby, OK;

Mike Feeley, Tulsa, OK;

## \*\* CONTINUING DATA \*\*\*\*\*

*for c*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*for c*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/14/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OK	4	60	3
Verified and Acknowledged	<i>[Handwritten signatures and initials]</i>				

## ADDRESS

29053  
 DALLAS OFFICE OF FULBRIGHT & JAWORSKI L.L.P.  
 2200 ROSS AVENUE  
 SUITE 2800  
 DALLAS , TX  
 75201-2784

## TITLE

BTE/CIC auditory device and modular connector system therefor

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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